

SERFF Tracking Number: PERR-125759054 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: #14141 \$50
Company Tracking Number: LGIC-WC-AR-08-01-F
TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Signature and Address Changes
Project Name/Number: Signature and Address Changes/LGIC-WC-AR-08-01-F

Filing at a Glance

Company: Lincoln General Insurance Company

Product Name: Signature and Address Changes SERFF Tr Num: PERR-125759054 State: Arkansas
Changes

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #14141 \$50

Sub-TOI: 16.0000 WC Sub-TOI Combinations Co Tr Num: LGIC-WC-AR-08-01-F State Status: Fees verified

Filing Type: Form Co Status: Reviewer(s): Carol Stiffler

Author: Juemin Zhang Disposition Date: 10/29/2008

Date Submitted: 10/29/2008 Disposition Status: Approved

Effective Date Requested (New): 11/01/2008 Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Signature and Address Changes

Project Number: LGIC-WC-AR-08-01-F

Reference Organization:

Reference Title:

Filing Status Changed: 10/29/2008

State Status Changed: 10/29/2008

Corresponding Filing Tracking Number:

Filing Description:

On behalf of Lincoln General Insurance Company ("the Company"), we would like to revise the current Company independent forms due to a few administrative changes. Specifically, on the Policy Jacket L 2000, the signature of the Company's former President John Clark is replaced with the signature of the new President, Scott Wollney. In addition, on all currently filed independent forms wherever the Company address is shown, we would like to update address to 3501 Concord Road, PO Box 3790, York, Pennsylvania, 17402-8607.

Status of Filing in Domicile: Pending

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

Enclosed is an explanatory memorandum that describes the filing in detail. Also enclosed are the necessary filing materials and a letter from the Company authorizing Perr&Knight to file on its behalf.

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We respectfully request the filing be effective on November 1, 2008 for all policies.

Please acknowledge your acceptance of this filing. If you have any questions or require additional information, please do not hesitate to contact me directly.

Sincerely,

Ms. Juemin Zhang, FCAS, MAAA
Actuarial Consultant
phone: (888) 201-5123 extension 135
fax: (310) 230-1061
e-mail: jzhang@perrknight.com

Enclosures

Company and Contact

Filing Contact Information

(This filing was made by a third party - perrandknightactuaryconsultants)
Juemin Zhang, Actuarial Consultant jzhang@perrknight.com
881 Alma Real Drive (310) 230-9339 [Phone]
Pacific Palisades, CA 90272 (310) 230-1061[FAX]

Filing Company Information

Lincoln General Insurance Company CoCode: 33855 State of Domicile: Pennsylvania
881 Alma Real Group Code: 1326 Company Type: Property &
Casualty
#205
Pacific Palisades, CA 90272 Group Name: Kingsway America State ID Number:
Group
(888) 201-5123 ext. 139[Phone] FEIN Number: 23-2023242

SERFF Tracking Number: PERR-125759054 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Lincoln General Insurance Company	\$0.00	10/29/2008	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
104141	\$50.00	10/20/2008

SERFF Tracking Number: PERR-125759054 State: Arkansas
Filing Company: Lincoln General Insurance Company State Tracking Number: #14141 \$50
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TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
Product Name: Signature and Address Changes
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	10/29/2008	10/29/2008

SERFF Tracking Number: *PERR-125759054* *State:* *Arkansas*
Filing Company: *Lincoln General Insurance Company* *State Tracking Number:* *#14141 \$50*
Company Tracking Number: *LGIC-WC-AR-08-01-F*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Signature and Address Changes*
Project Name/Number: *Signature and Address Changes/LGIC-WC-AR-08-01-F*

Disposition

Disposition Date: 10/29/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: PERR-125759054 State: Arkansas
 Filing Company: Lincoln General Insurance Company State Tracking Number: #14141 \$50
 Company Tracking Number: LGIC-WC-AR-08-01-F
 TOI: 16.0 Workers Compensation Sub-TOI: 16.0000 WC Sub-TOI Combinations
 Product Name: Signature and Address Changes
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Filing Memo	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Form	Policy Jacket	Approved	Yes
Form	Workers Compensation and Employers Liability Insurance Policy Information Page	Approved	Yes
Form	Premium Payment Notice	Approved	Yes
Form	Cover Page for Standard Policy	Approved	Yes
Form	Named Insured Continuation Endorsement	Approved	Yes
Form	Extended Classification Table	Approved	Yes
Form	Inspection Notice	Approved	Yes
Form	Endorsement Schedule	Approved	Yes
Form	Policy Information Page Endorsement	Approved	Yes
Form	Policy Information Page Amendments - Item 3	Approved	Yes
Form	Countersignature Endorsement	Approved	Yes
Form	Notice of Accident Prevention Services	Approved	Yes

SERFF Tracking Number: PERR-125759054 State: Arkansas
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type	Action	Action Specific Data	Readability	Attachment
Approved	Policy Jacket	L2000	11-08	Other	Replaced	Replaced Form #:0.00 L2000 Previous Filing #:		L 2000 11-08.pdf
Approved	Workers Compensation and Employers Liability Insurance Policy Information Page	WC 00 00 01A	11-08	Application/Binder/Enrollment	Replaced	Replaced Form #:0.00 WC 00 00 01A Previous Filing #:		WC 000001A 11-08.pdf
Approved	Premium Payment Notice	WC 99 04 01	11-08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 WC 99 04 01 Previous Filing #:		WC 990401 11-08.pdf
Approved	Cover Page for Standard Policy	WC 99 06 01	11-08	Other	Replaced	Replaced Form #:0.00 WC 99 06 01 Previous Filing #:		WC 990601 11-08.pdf
Approved	Named Insured Continuation Endorsement	WC 99 06 04	11-08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 WC 99 06 04 Previous Filing #:		WC 990604 11-08.pdf
Approved	Extended Classification Table	WC 99 06 05 AR	11-08	Endorsement/Amendment/Conditions	Replaced	Replaced Form #:0.00 WC 99 06 05 AR Previous Filing #:		WC 990605 AR 11-08.pdf
Approved	Inspection Notice	WC 99 06 07	11-08	Cancellation/NonRenewal Notice	Replaced	Replaced Form #:0.00 WC 99 06 07 Previous Filing #:		WC 990607 11-08.pdf
Approved	Endorsement Schedule	WC 99 06 09	11-08	Application/Binder/Enrollment	Replaced	Replaced Form #:0.00 WC 99 06 09 Previous Filing #:		WC 990609 11-08.pdf
Approved	Policy Information Page Endorsement	WC 99 06 10	11-08	Application/Binder/Enrollment	Replaced	Replaced Form #:0.00 WC 99 06 10 Previous Filing #:		WC 990610 11-08.pdf

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Approved	Policy Information	WC 99 06 11-08	Application/ Replaced	Replaced Form #:0.00	WC 990611
	Page	11	Binder/Enro	WC 99 06 11	11-08.pdf
	Amendments -		llment	Previous Filing #:	
	Item 3				
Approved	Countersignature	WC 99 06 11-08	Endorseme Replaced	Replaced Form #:0.00	WC 990612
	Endorsement	12	nt/Amendm	WC 99 06 12	11-08.pdf
			ent/Condi	Previous Filing #:	
			ons		
Approved	Notice of	WC 99 06 11-08	Canc/NonR Replaced	Replaced Form #:	WC 990614
	Accident	14 AR	en Notice	WC 99 06 14 AR	AR 11-
	Prevention			Previous Filing #:	08.pdf
	Services				



LINCOLN GENERAL INSURANCE COMPANY

3501 Concord Rd., York, PA 17402-0608

(A stock insurance company)

"READ YOUR POLICY CAREFULLY"

This policy is a legal contract between the policy owner and Lincoln General Insurance Company.

In Witness Whereof, this Company has executed and attested these presents by the duly authorized Agent of this company at the agency hereinbefore mentioned.

Lincoln General Insurance Company, 3501 Concord Rd., York, PA 17402-0608

 : Secretary



President

Policy No.

LINCOLN GENERAL INSURANCE COMPANY
3501 CONCORD ROAD, P.O. BOX 3790,
YORK, PENNSYLVANIA 17402-8607
1-800-965-7457

NCCI Carrier Code 30694

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE

1. The INSURED:

Fed Employer ID # _____ NCCI ID # _____
State Employer ID # _____

2. The POLICY PERIOD FROM: 12:01 A.M. TO: 12:01 A.M.
Standard Time at the Insured's mailing address.

AGENT:

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: _____

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident \$ _____ each accident
Bodily Injury by Disease \$ _____ policy limit
Bodily Injury by Disease \$ _____ each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: _____

D. This policy includes these endorsements and schedules: See ENDORSEMENT SCHEDULE WC 99 06 09

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. This information is subject to verification and change by audit.

See EXTENDED CLASSIFICATION TABLE WC 99 06 05

BILLING :	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> SEMI-ANNUAL	MINIMUM PREMIUM	\$
	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY	*ESTIMATED ANNUAL PREMIUM	\$
			TOTAL ESTIMATED SURCHARGES	\$ _____
			TOTAL PREMIUM	\$ _____
			DEPOSIT PREMIUM	\$

* IF THE ESTIMATED ANNUAL PREMIUM IS LESS THAN THE MINIMUM PREMIUM, THE MINIMUM PREMIUM SHALL APPLY.

Countersigned by: _____

NCCI CARRIER # 30694

LINCOLN GENERAL INSURANCE COMPANY
3501 CONCORD ROAD, P.O. BOX 3790,
YORK, PENNSYLVANIA 17402-8607

WORKERS COMPENSATION

Attached to and forming part of Policy Number EFFECTIVE TO

ISSUED TO:
(If no entry appears above, refer to the policy Information Page for the information.)

Workers Compensation and Employers Liability Insurance Policy

PREMIUM PAYMENT NOTICE

The deposit premium stated herein is the sum to be paid on delivery of the policy. Premium payments shall be made to us in the amount and upon the dates stated below.

Date Payable	Payment	Total Amounts
	Deposit	\$
	(1)	
	(2)	
	(3)	
	(4)	
	(5)	
	(6)	
	(7)	
	(8)	
	(9)	
	TOTAL PAYMENTS	\$

Authorized Representative

INSURED:

POLICY PERIOD: FROM: - - TO: - -

AGENT :

POLICY NUMBER: WCP

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE
STANDARD POLICY**

LINCOLN GENERAL INSURANCE COMPANY
3501 CONCORD ROAD, P.O. BOX 3790,
YORK, PENNSYLVANIA 17402-8607

INSURED:
 Effective: - -

Page_____

EXTENDED CLASSIFICATION TABLE

WORKPLACE/ Classification	Code No.	Premium Basis Total Estimated Annual Payroll	Rate Per \$100 of Remuneration	Estimated Annual Premium
------------------------------	-------------	--	--------------------------------------	-----------------------------

WORKPLACE # 1:

TOTAL CLASSIFICATION PREMIUM		\$
WAIVER OF SUBROGATION		\$
EMPLOYER LIABILITY INCREASED LIMITS		
DRUG-FREE WORKPLACE CREDIT		
PREMIUM SUBJECT TO EXPERIENCE MOD		
EXPERIENCE MOD		
MODIFIED PREMIUM		\$
PREMIUM NOT SUBJECT TO EXP. MOD.		
GROSS STANDARD PREMIUM		\$
SCHEDULE DEBIT/CREDIT	%	
DEDUCTIBLE CREDIT	%	
STANDARD PREMIUM		\$
PREMIUM DISCOUNT	%	
EXPENSE CONSTANT		
CERTIFIED TERRORISM PREMIUM		
*ESTIMATED ANNUAL PREMIUM		\$
TOTAL	PREMIUM	\$

NCCI CARRIER # 30694

LINCOLN GENERAL INSURANCE COMPANY
3501 CONCORD ROAD, P.O. BOX 3790,
YORK, PENNSYLVANIA 17402-8607

WORKERS COMPENSATION

Attached to and forming part of Policy Number

EFFECTIVE

TO

ISSUED TO:

Workers Compensation and Employers Liability Insurance Policy

ENDORSEMENT SCHEDULE

NUMBER	VERS	FORM / ENDORSEMENT DESCRIPTION

Attached to and forming part of Policy Number _____ EFFECTIVE _____ TO _____

ISSUED TO:

AGENT:

Workers Compensation and Employers Liability Insurance Policy

POLICY INFORMATION PAGE ENDORSEMENT #

The following item(s) are changed to read as follows:

- Insured's Name (WC 89 06 01)
- Policy Number (WC 89 06 02)
- Effective Date (WC 89 06 03)
- Expiration Date (WC 89 06 04)
- Insured's Mailing Address (WC 89 06 05)
- Experience Modification (WC 89 04 06)
- Producer's Name (WC 89 06 07)
- Change in Workplace of Insured (WC 89 06 08)
- Insured's Legal Status (WC 89 06 10)
- Item 3.A. States (WC 89 06 11) - see endmt WC 99 06 11
- Item 3.B. Limits (WC 89 06 12) - see endmt WC 99 06 11
- Item 3.C. States (WC 89 06 13) - see endmt WC 99 06 11
- Item 3.D. Endorsement Numbers (WC 89 06 14)
- Item 4.# Class, Rate, Other (WC 89 04 15)
- Interim Adjustment of Premium (WC 89 04 16)
- Carrier Servicing Office (WC 89 06 17)
- Interstate/Intrastate Risk I.D. Number (WC 89 06 18)
- Carrier Number (WC 89 06 19)
- All changes herein are a result of an **AUDIT**
- Other changes **AMENDMENT TO PAYROLL**

Item 4. Change to:

WORKPLACE: Classification	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
See Revised EXTENDED CLASSIFICATION TABLE WC 99 06 05 &/or WC 99 06 06				
DEDUCTIBLE \$	PREMIUM REDUCTION	%	RETRO RATING APPLIES:	<input type="checkbox"/> YES <input type="checkbox"/> NO
PREMIUM DISCOUNT _____%	MINIMUM PREMIUM \$ _____		DEPOSIT PREMIUM \$ _____	
BILLING: <input type="checkbox"/> ANNL <input type="checkbox"/> MO <input type="checkbox"/> QTR <input type="checkbox"/> SEMI ANNL	ESTIMATED ANNUAL PREMIUM \$ _____			

All other terms and conditions of this policy remain unchanged.

RETURN INDUSTRIAL COMM. FUND SURCHARGE \$ _____ RETURN PREMIUM \$ _____

ADDL INDUSTRIAL COMM. FUND SURCHARGE \$ _____ ADDITIONAL PREMIUM \$ _____

LINCOLN GENERAL INSURANCE COMPANY
3501 CONCORD ROAD, P.O. BOX 3790,
YORK, PENNSYLVANIA 17402-8607

Attached to and forming part of Policy Number EFFECTIVE TO

ISSUED TO:

AGENT:

Workers Compensation and Employers Liability Insurance Policy

POLICY INFORMATION PAGE AMENDMENTS – ITEM 3

Item 3 of your WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY INFORMATION PAGE has been changed as indicated below:

3. A. Workers Compensation Insurance: Part One of the policy applies to the Workers' Compensation Law of the states listed here: _____

B. Employers Liability Insurance: Part Two of the policy applies to work in each state listed in Item 3.A. The limits of our liability under Part Two are:
Bodily Injury by Accident \$ _____ each accident
Bodily Injury by Disease \$ _____ policy limit
Bodily Injury by Disease \$ _____ each employee

C. Other States Insurance: Part Three of the policy applies to the states, if any, listed here: _____

D. This policy includes these endorsements and schedules:

See ENDORSEMENT SCHEDULE WC 99 06 09

NCCI CARRIER # 30694

LINCOLN GENERAL INSURANCE COMPANY
3501 CONCORD ROAD, P.O. BOX 3790,
YORK, PENNSYLVANIA 17402-8607

WORKERS COMPENSATION

Attached to and forming part of Policy Number _____ EFFECTIVE _____ TO _____

ISSUED TO:

Workers Compensation and Employers Liability Insurance Policy

COUNTERSIGNATURE ENDORSEMENT

(

Policy

Endorsement

It is hereby understood and agreed that the signature shown below in the signature of the person authorized to countersign this policy on behalf of Lincoln General Insurance Company in the state indicated above and is in in conformity with the insurance laws of that state.

The premium for this policy is \$ _____

The premium for this endorsement is \$ _____

Endorsement No : _____

Date of Countersignature : _____
Month, Day and Year

Countersigned by : _____

NCCI CARRIER # 30694

LINCOLN GENERAL INSURANCE COMPANY
3501 CONCORD ROAD, P.O. BOX 3790,
YORK, PENNSYLVANIA 17402-8607

WORKERS COMPENSATION

Attached to and forming part of Policy Number

EFFECTIVE

TO

ISSUED TO:

AGENT:

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY

NOTICE OF ACCIDENT PREVENTION SERVICES

Lincoln General Insurance Company is required to provide its policyholders with certain accident prevention services at no additional costs as required by Ark. Code Ann. § 11-9-409(d) and AWCC Rule 32. If you would like more information call our Underwriting Manager at 1-800-965-7457. If you have any questions about this requirement, call the Health and Safety Division, Arkansas Workers' Compensation Commission at 1-800-622-4472.

SERFF Tracking Number: *PERR-125759054* *State:* *Arkansas*
Filing Company: *Lincoln General Insurance Company* *State Tracking Number:* *#14141 \$50*
Company Tracking Number: *LGIC-WC-AR-08-01-F*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0000 WC Sub-TOI Combinations*
Product Name: *Signature and Address Changes*
Project Name/Number: *Signature and Address Changes/LGIC-WC-AR-08-01-F*

Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty **Review Status:** Approved 10/29/2008

Comments:

Attachment:

PC TD-1.pdf

Satisfied -Name: Filing Memo **Review Status:** Approved 10/29/2008

Comments:

Attachment:

WC Explanatory Memo.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 10/29/2008

Comments:

Attachment:

Authorization Letter - P&K - WC.pdf

Property & Casualty Transmittal Document (Revised 1/1/06)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only				
	a. Date the filing is received:				
	b. Analyst:				
	c. Disposition:				
	d. Date of disposition of the filing:				
	e. Effective date of filing:				
	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> </table>	New Business		Renewal Business	
New Business					
Renewal Business					
	f. State Filing #:				
	g. SERFF Filing #:				
	h. Subject Codes				

3. Group Name	Group NAIC #
Kingsway Financial	1326

4. Company Name(s)	Domicile	NAIC #	FEIN #
Lincoln General Insurance Company	PA	33855	23-2023242

5. Company Tracking Number	LGIC-WC-AR-08-01-F
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Ms. Juemin Zhang c/o: Perr & Knight 881 Alma Real Dr. Suite 205 Pacific Palisades, CA 90272	Consulting Actuary	(888)201-5123, ext 135	(310)230-1061	jzhang@perrknight.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Juemin Zhang

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	16.0 Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	16.0000 WC Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	None
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: November 1, 2008 Renewal: November 1, 2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	LGIC-WC-AR-06-01-F
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21. Filing Description [This area should be similar to the body of a cover letter and is free-form text]

On behalf of Lincoln General Insurance Company ("the Company"), we would like to revise the current Company independent forms due to a few administrative changes. Specifically, on the Policy Jacket L 2000, the signature of the Company's former President John Clark is replaced with the signature of the new President, Scott Wollney. In addition, on all currently filed independent forms wherever the Company address is shown, we would like to update address to 3501 Concord Road, P.O. Box 3790, York, Pennsylvania, 17402-8607.

Enclosed is an explanatory memorandum that describes the filing in detail. Also enclosed are the necessary filing materials and a letter from the Company authorizing Perr&Knight to file on its behalf.

We respectfully request the filing be effective on November 1, 2008 for all policies.

Please acknowledge your acceptance of this filing. If you have any questions or require additional information, please do not hesitate to contact me directly.

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: 104141

Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

Explanatory Memo – Policy Jacket

Lincoln General Insurance Company requests your approval of our revised Policy Jacket, L 2000 11 08. The revised edition replaces Policy Jacket L 2000 11 06.

Please note that this revised Policy Jacket L 2000 11 08 will only be used with policies generated from our new online policy issuing system. All off line policies generated will continue to be issued with the Policy Jacket L 2000 11 06 until the pre-printed paper supply of these current jackets is exhausted.

We request an effective date of 11/1/08.

The policy jacket was revised with the following change:

- The signature of our former company president John Clark is replaced with the signature of our new company president, Scott Wollney.

Lincoln General
Insurance Company



Phone 717-757-0000

FAX # 717-751-0165

3350 Whiteford Rd., P.O. Box 3709, York, PA 17402-0136

May 2, 2005

Mr. Charles Lenz
Perr & Knight, Inc.
881 Alma Real Drive, #205
Pacific Palisades, CA 90272

Re: Lincoln General Insurance Company
Letter of Authorization

Dear Mr. Lenz,

This letter authorizes Perr & Knight to make Workers Compensation rate filings on behalf of Lincoln General Insurance Company. This letter is to remain in effect until rescinded by the Company.

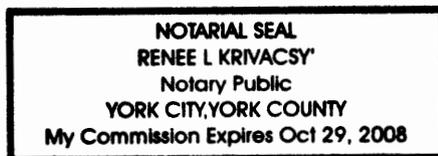
If you have any questions please let me know.

Sincerely,

Fred S. Koppenheffer
Manager, Regulatory Compliance
Lincoln General Insurance Company

State of Pennsylvania)
) ss.
County of York)

On this 2nd day of May, 2005, before me personally appeared Fred S. Koppenheffer to me known to be the person described in, and to executed, the foregoing instrument, and acknowledged that he executed the same as his free act and deed.



Rene L Krivacsy 5-2-05
Notary Public